

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		31.04.2000
FEE DETERMINATION			1/1
O.I.P.E. CLASSIFIER		59	11/200
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		59158	23-2000

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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